FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

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OMB Number:	3235-0076	
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hours per respor	nse: 16.00	

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FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

	SEC	USE ONL	Y
Prefix			Serial
			<u> </u>
	DATE	RECEIVE	D
	1		!

	ndment and name has changed, and indicate change.) C: Units of Limited Liability Company Interests	
Filing Under (Check box(es) that apply):		☐ Section 4(6) ☐ ULOE
Type of Filing: ☑ New Filing ☐ Ame	endment	
	A. BASIC IDENTIFICATION DATA	COMPLETE CONTROL OF THE CONTROL OF T
1. Enter the information requested about the	issuer	
Name of Issuer (check if this is an amer	ndment and name has changed, and indicate change.)	
Ivy Distressed Opportunities Fund, LL	C	08048196
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone anumori (meruning Area Cone)
c/o Ivy Asset Management Corp., One		(516) 228-6500
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		SEC Mail Processing
Brief Description of Business		Section
To operate as a private investment fund	d.	May 14900R
Type of Business Organization		4400
□ corporation	☐ limited partnership, already formed	other (please specificashington, DC
□ business trust	☐ limited partnership, to be formed	Limited Liability Company 111
	Month Year	
Actual or Estimated Date of Incorporation or	Organization: 0 2 0 8	☑ Actual ☐ Estimated
Jurisdiction of Incorporation or Organization	: (Enter two-letter U.S. Postal Service abbrevia	tion for
	State: CN for Canada; FN for other foreign ju	risdiction) D E
GENERAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	
Federal:		0 (4(0 14 OFF) 000 (0)
77d(6).	f securities in reliance on an exemption under Regulation I	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
` '	an 15 days after the first sale of securities in the offering.	A notice is deemed filed with the U.S. Securities and
Evolunga Commission (CCC) on the seeling of the	data it is enquired by the CEC at the address since below a	a life and investigation and declarate after the control of the factor

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

. A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
* Each promoter of the issuer, if the issuer has been organized within the past five years;
* Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☑ General and/or
Managing Partner
Full Name (Last name first, if individual)
Ivy Asset Management Corp. (the Issuer's Managing Member)
Business or Residence Address (Number and Street, City, State, Zip Code)
One Jericho Plaza, Jericho, NY 11753
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
The Variable Annuity Life Insurance Company
Business or Residence Address (Number and Street, City, State, Zip Code)
1 SunAmerica Center, 38th Floor, Los Angeles, CA 90067
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner* ☐ Executive Officer ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
The Bank of New York Mellon Corporation
Business or Residence Address (Number and Street, City, State, Zip Code)
One Wall Street, New York, NY 10286
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Sean G. Simon
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ivy Asset Management Corp., One Jericho Plaza, Jericho, NY 11753
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Michael E. Singer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ivy Asset Management Corp., One Jericho Plaza, Jericho, NY 11753
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Peter D. Noris
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ivy Asset Management Corp., One Jericho Plaza, Jericho, NY 11753
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director ☐ General and/or *of the Issuer's Managing Member Managing Partner
Full Name (Last name first, if individual)
Stuart N. Davies
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Ivy Asset Management Corp., One Jericho Plaza, Jericho, NY 11753
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Page 2 of 8

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Executive Officer* ☐ Promoter Beneficial Owner ablaGeneral and/or *of the Issuer's Managing Member Managing Partner Full Name (Last name first, if individual) **Paul Sebetic** Business or Residence Address (Number and Street, City, State, Zip Code) c/o Ivy Asset Management Corp., One Jericho Plaza, Jericho, NY 11753 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter Beneficial Owner □ Executive Officer □ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) **Business or Residence Address** Check Box(es) that Apply: □ Promoter General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer □ Director □ General and/or Managing Partner Full Name (Last name first, if individual) **Business or Residence Address** (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

				B, INI	FORMAT	ION ABO	UT OFFI	ERING				
											Yes	No
1. Has the	e issuer solo	d, or does th			to non-accre			•				፟
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is	s the minim	ium investm	ent that wil	l be accepte	ed from any	individual?	•				\$	000,000*
					retion, may unit?						Yes ☑	No □
commi If a per or state	ission or sin rson to be li es, list the n	nilar remuno isted is an a name of the	eration for s ssociated pe broker or d	solicitation erson or age ealer. If mo	ho has been of purchase ont of a broke ore than five for that bro	rs in connecter or dealer (5) person	ction with sa registered s s to be liste	ales of secu with the SE	rities in the C and/or wi	offering. th a state		
Full Name	(Last name	first, if ind	ividual)									
NONE												
Business o	r Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
Name of A	Associated E	Broker or De	ealer									
					o Solicit Pu	rchasers						
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Business o	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)						
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Name of A	Associated E	Broker or De	ealer									
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[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$_	0	\$	0
	Equity (Shares)	s	0	\$	0
	□ Common □ Preferred	_			
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	s ⁻	0	\$	0
	Other Specify: (Units of Limited Liability Company Interests)	_			21,345,019
	Total	_		s	21,345,019
	Answer also in Appendix, Column 3, if filing under ULOE.	· –		•	2.,5 .5,5
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		6	\$	21,345,019
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total	_	N/A	\$	N/A
tl tl	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	_			
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		ゼ	\$	64,000
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify): Filing Fees		Ø	\$	300
	Total		Ø	\$	64,300

C. OTTERING I RICE	, NUMBER OF INVESTORS, E		7100 711	D OOL OIL	HOOL		
 b. Enter the difference between the agg Question 1 and total expenses furnish difference is the "adjusted gross proceed." 	ned in response to Part C - Question	4.a. Th	is		\$_		499,935,700
Indicate below the amount of the adjust to be used for each of the purposes show furnish an estimate and check the box payments listed must equal the adjusted to Part C - Question 4.b. above.	vn. If the amount for any purpose is not to the left of the estimate. The to	ot know tal of tl	n, 1e		_		
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees		🗆	\$	0	_ 🗆	\$_	0
Purchase of real estate		🗖	s	0	_ 🗆	\$_	00
Purchase, rental or leasing and installation	on of machinery and equipment		s	0	_ 🗖	\$_	0
Construction or leasing of plant building	s and facilities		\$	0		\$_	0
Acquisition of other businesses (includi this offering that may be used in exclanother issuer pursuant to a merger)	nange for the assets or securities of		\$	0	0	s	0
Repayment of indebtedness		🗖	s —	0	-	s	.0
Working capital			s	0		s –	0
Other (specify): Investment Capital			s —	0	- -	s	499,935,700
Column Totals			\$	0	_ Ø	s_	499,935,70
Total Payments Listed (column totals add	ded)		. 15	z \$	499,9	935,70)0
	D. FEDERAL SIGNAT	HRF					
							·
The issuer has duly caused this notice to following signature constitutes an undertak of its staff, the information furnished by the	ing by the issuer to furnish to the U.S	Securit	ies and	Exchange Com	mission,	upon	
suer (Print or Type)	Signature		I	Date			
yy Distressed Opportunities Fund, LLC			May 12, 2008				
ame of Signer (Print or Type)	Title of Signer (Print or Type)			_			
enneth R. Marlin	Managing Director, Legal and C	omplian	ce of Iv	y Asset Manag	ement C	Corp.,	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

